2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03364

Entity Name: LA MAISON TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LAND CAP PROPERTY SERVICES
13800 SW 144 AVENUE ROAD
MAIMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

LAND CAP PROPERTY SERVICES
13800 SW 144 AVENUE ROAD
MAIMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2549691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOBRIN, DAVID
8900 SW 107 AVE #206
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANZAROTTA, THOMAS
Address: 11142 SW 154 CT
City-St-Zip: MIAMI, FL 33196

Title: VPD ( ) Delete
Name: MEILAN, SHARON
Address: 15535 SW 110 TERR
City-St-Zip: MIAMI, FL 33196

Title: TD ( ) Delete
Name: MONTEALEGRE, ANIBAL
Address: 11130 SW 154 CT
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete
Name: CARVAJAL, EMELYN
Address: 11154 SW 154 PL
City-St-Zip: MIAMI, FL 33196

Title: DD ( ) Delete
Name: PATINO, FABIAN
Address: 11132 SW 154 CT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MONTEALEGRE, ANIBAL
Address: 11130 SW 154 CT
City-St-Zip: MIAMI, FL 33196

Title: VPD (X) Change ( ) Addition
Name: CARVAJAL, EMELYN
Address: 11154 SW 154 PL
City-St-Zip: MIAMI, FL 33196

Title: TD (X) Change ( ) Addition
Name: LANZAROTTA, THOMAS
Address: 11142 SW 154 CT
City-St-Zip: MIAMI, FL 33196

Title: SD (X) Change ( ) Addition
Name: SAAB, CATHY
Address: 15539 SW 110 TR
City-St-Zip: MIAMI, FL 33196

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIBAL MONTEALEGRE PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date